

Ayushman Bharat

Pradhan Mantri –Jan Arogya Yojana

Operation Manual

(April 2022)

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Abbreviations

ABCD	Ayushman Bharat Counselling Desks
AB PM-JAY	Ayushman Bharat Pradhan Mantri Jan Arogya Yojana
ADCD	Additional Data Collection Drive
API	Application Programming Interface
BIS	Beneficiary Identification System
CAPF	Central Armed Police Force
C-DAC	Centre for Development of Advanced Computing
CEA	Clinical Establishment Act
CEO	Chief Executive Officer
CGHS	Central Government Health Scheme
CGRMS	Central Grievance Redressal Management System
COVID-19	Coronavirus disease
CPD	Claim Panel Doctor
CRM	Customer Relationship Management
CSC	Common Service Centres
DDO	Deputy District Officer
DEC	District Empanelment Committee
DEH	Direct Empanelled Hospitals
DGNO	District Grievance Nodal Officer
DHR	Department of Health Research
DIU	District Implementation Units
EHCP	Empaneled Healthcare Provider
ESIC	Employee's State Insurance Corporation
ESIS	Employees State Insurance Scheme
GOI	Government of India
HBP	Health Benefit Packages
HEM	Hospital Empanelment Module
HN	Hospital Networking
HO	Hospital Operations
HPQA	Health Professions Quality Assurance
IC	Insurance Company
ID	Identification Documentation
ICMR	Indian Council of Medical research
ICU	Intensive Care Unit
IEC	Information Education and Communication
ISA	Implementation Support Agency
ISO	International Organization for Standardization
IT	Information technology
IVRs	Interactive Voice Response System
KPI	Key Performance Indicators
M&R	Monitoring and Research
MEDCO	Medical Coordinator
MIS	Management Information System

MoHFW	Ministry of Health and Family Welfare
MORTH	Ministry of Road Transport & Highways
MOU	Memorandum of Understanding
NABH	National Accreditation Board for Hospitals & Healthcare Providers
NAFU	National Anti-Fraud Unit
NDHM	National Digital Health Mission
NHA	National Health Authority
NIC	National Informatics Centre
PMAM	Pradhan Mantri Arogya Mitra
PPD	Pre-auth Panel Doctor
PRIs	Primary Rate Interface
QI	Quality Improvement
R&D	Research and Development
SAFU	State Anti-Fraud Units
SEC	State Empanelment Committee
SECC	Socio-Economic and Caste Census
SGNO	State Grievance Nodal Officer
SGRC	State Grievance Redressal Cell
SHA	State Health Authority
SMS	Short Message Service
SOP	Standard Operating Procedure
SPE-IITE	Service Provider Engagement- IC/ ISA/ TPA Engagement
STG	Standard Treatment Guidelines
STG	Sustainable Development Goal
TAC	Technical Advisory Committee
TAT	Turnaround Time
TMH	Tata Memorial Hospital
TMS	Transaction Management System
ToT	Training of Trainers
TPA	Third-Party Administrator
UHC	Universal Health Coverage
URN	Unique Relationship Number
UTN	Unique Ticket Number
WHO	World Health Organization

I. Introduction of AB PM-JAY

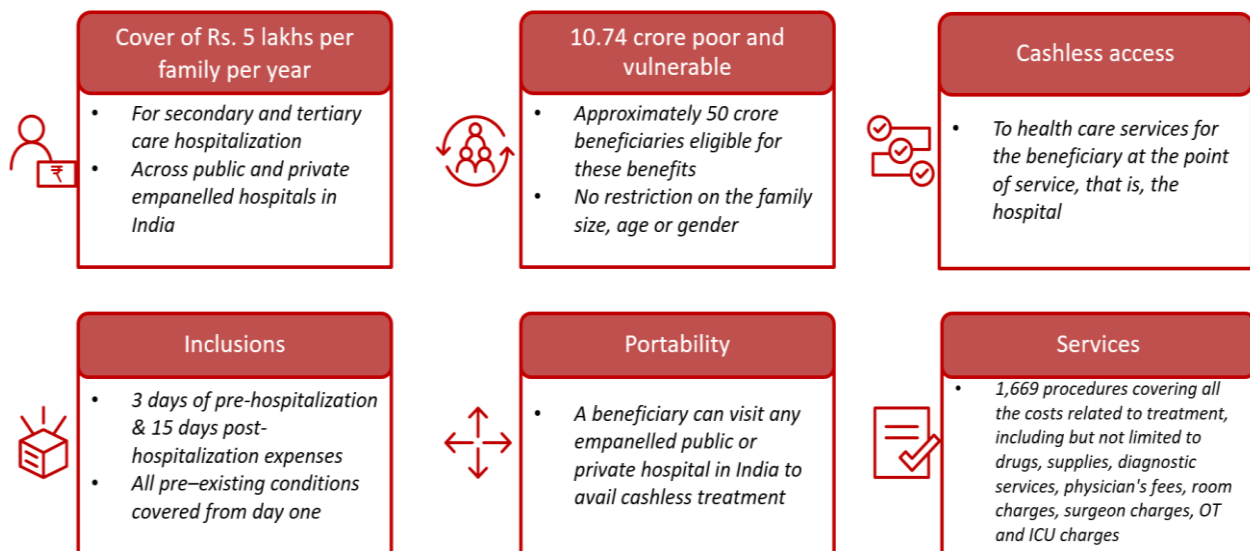
Ayushman Bharat Pradhan Mantri Jan Arogya Yojana (AB PM-JAY) is the world's largest health assurance scheme fully financed by the government. It is the flagship scheme of the Government of India, launched on 23rd Sep 2018, to achieve the vision of Universal Health Coverage (UHC). The scheme possesses the potential to bring a paradigm shift in the healthcare sector of the nation and aims at reducing the financial burden on poor and vulnerable groups arising out of catastrophic hospital episodes.

The scheme aims to create a system of healthcare facilities that meet the immediate hospitalization needs of the eligible beneficiary family in a cashless manner thus insulating the family from the associated financial crisis.

Three years further on, the scheme has empanelled ~26,000 private & public hospitals which include a wide array of facilities. Even though, the primary responsibility of healthcare providers is to provide treatment to patients, services to PM-JAY beneficiaries must be provided in alignment with the contours of the scheme and in compliance with PM-JAY's fundamental principles, policy and practice.

For hospitals empanelment, the empanelment committees at the national, state and district levels have defined a set of guidelines to be followed and requirements that need to be fulfilled for the empanelment process. Once empanelled, the hospitals (also referred as Empanelled Healthcare Providers) are provided with required handholding support regarding Information Technology (IT) systems, training, Information Education and Communication (IEC), health benefit packages, quality, etc.

The scheme has many unique features, some of which are illustrated below:



II. Purpose of Hospital Operations Manual

Ayushman Bharat- Pradhan Mantri Jan Arogya Yojana (AB PM-JAY) is a nationwide health assurance scheme with a focus on providing coverage to about 10.74 crore families that form the vulnerable population group. The scheme not only takes pride in being a major step in moving towards Universal Health Coverage (UHC). The key to the success of the scheme has been the public and private sector working hand in hand to provide better healthcare services to the beneficiaries. As of November 2021, the scheme has a network of around 25,881 empaneled public and private hospitals across 36 States and Union Territories of India. This network of hospitals has proven to be pivotal in the successful implementation of the scheme.

Since inception of the scheme, it has been our experience that hospitals that intent to join the scheme and those that are a part of the network, undergo several changes and in the process, face varied challenges. As per the guidelines, hospitals need to fulfill a certain criterion to be able to initiate the process of empanelment. Thereafter, the hospitals also need to maintain a minimum standard of requirements of human resource, hardware, training, awareness (IEC), etc. to be able to maintain the requisite quality of care.

Since this increasing network of hospitals requires continuous support, the National Health Authority has developed this document, 'Operations Manual for EHCPs' that would serve as a guidebook for the empaneled hospitals. This manual would be a one-stop reference for the EHCPs to access the guidelines and SOPs and facilitate them in streamlining their processes with respect to the functioning of the scheme. With the aim of providing a detailed understanding of the not just the systems across the scheme, this comprehensive document also offers an insight into the organization structure at NHA as well as defines the role of each vertical and the respective guidelines laid down for the hospitals. The reader may access the resource material through the links provided in the different sections of the document.

NHA had also developed a brief guideline on "Streamlining Systems & Processes at Hospitals for AB-PMJAY" that provides information about required eligibility criteria prior to empanelment, provisions to procure necessary hardware, recruitment of Arogya Mitras for service delivery, capacity building, kiosk setup, IEC, process of raising pre-auth & using TMS, setting up of corpus fund, procurement of medicines, diagnostics & investigation process etc. The guidelines on "Streamlining Systems & Processes at Hospitals for AB-PMJAY" for reference are available on AB PM-JAY website using following link: <https://pmjay.gov.in/resources/documents>.

The Operational Manual is a comprehensive and updated guideline based on recent improvement in the AB PM-JAY system and processes and aims to provide a thorough understanding of the proposed process, and other related activities for the improved engagements of EHCPs. Additionally, information about do's and don'ts for EHCPs has also been mentioned as *annexure-1* that may be used for reference.

III. Benefits for EHCPs under AB PM-JAY

Because of the scale of coverage of the scheme, Ayushman Bharat (AB PM-JAY) is a unique programme owing to the numerous stakeholders involved. The scheme offers several advantages to the key stakeholders of the scheme, i.e., beneficiaries, service providers, SHAs, TPA & insurance agencies. AB PM-JAY is one of the schemes that promotes participation of private hospitals in Government scheme similar to public hospitals. Some of the unique aspects of the scheme are mentioned below:

Incentives for Hospitals: Hospitals will receive incentives over and above basic package rates. The hospitals with better quality standards will be rewarded for the same based on the incentive mechanisms shown below. However, the given incentive structure is indicative and might vary across states:

S. No	Criteria	Incentive*
1	AB PM-JAY Bronze Quality certification	5%
2	National Level NQAS Certified EHCPs”	15%
3	Entry Level NABH	10%
4	Full NABH accreditation	15%
5	Situated in Metro City[#]	10%
6	Aspirational District[§]	10%
7	Running PG/DNB course in the empanelled specialities	10%

*Incentive structure is indicative and may vary across States.

[#]Metro cities include Delhi (Including Faridabad, Ghaziabad, Noida, Gurugram), Greater Mumbai, Kolkata, Chennai, Bangalore, Ahmedabad, Hyderabad and Pune

[§] as per the listed districts by NITI Aayog

“NQAS incentive will be applicable from 1st April, 2022

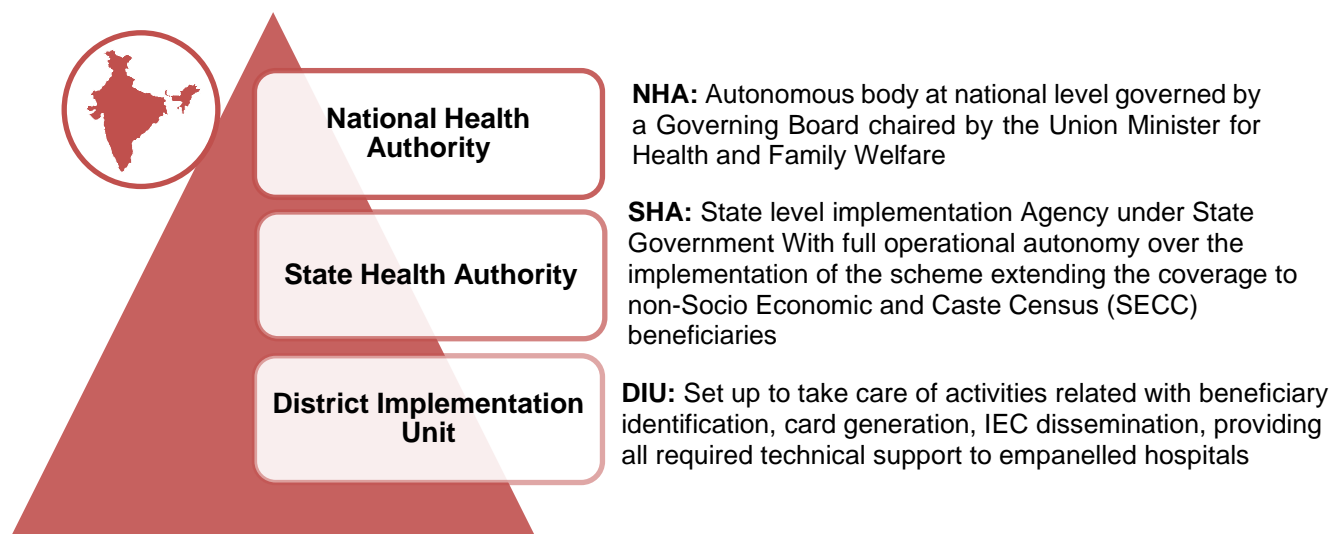
Large Patient base: Ayushman Bharat PM-JAY is the largest health assurance scheme in the world which aims at providing a health cover of Rs. 5 lakhs per family per year for secondary and tertiary care hospitalization across public and private empanelled hospitals in India to over 10.74 crores poor and vulnerable families (approximately 50 crore beneficiaries) that form the bottom 40% of the Indian population. The scheme provides a large patient base to hospitals and helps them to fill their unfilled/unoccupied beds. Hospitals may achieve higher revenue without spending additional fixed costs on the infrastructure.

Portability: NHA has the provision of providing treatment to AB PM-JAY beneficiaries from other states under portability norms that will increase the beneficiary base for empaneled healthcare providers. This feature dissipates state boundaries and will allows patients to access EHCPs which provides quality services from across the country and not just their state.

Ease of Doing Business for EHCPs:

- **Timebound Reimbursement Process:** The scheme ensures timely payment of claim amount within specified TAT (turnaround time). The EHCPs are expected to upload all claim-related documents within 24 hours of discharge of the beneficiary. Further, EHCPs can refer claim adjudication guidelines as amended by NHA/SHA from time to time.
- **Grievance Redressal:** Any issue faced by the hospitals may be escalated through the grievance redressal system under AB PM-JAY. Hospitals can register grievances through the portal.
- **Online Transparent System:** All EHCPs make use of the IT system to manage the claims-related transactions. IT system has been developed for online transactions and all stakeholders are advised to maintain online transactions preferably to ensure the claim reporting in real-time.

IV. Institutional Mechanism and Key Stakeholders



NHA: It has been set up to implement AB PM-JAY at the national level. NHA is governed by a Governing Board chaired by the union minister for Health and Family Welfare. NHA is also leading the implementation for the National Digital Health Mission (NDHM) in coordination with different ministries/departments of the Government of India, state governments, and private sector/civil society organizations.

SHA: To implement the scheme at the state level, State Health Agencies (SHAs) in the form of a society/trust have been set up by respective states. SHAs have full operational autonomy over the implementation of the scheme in the state. The SHA constitutes a multi-disciplinary team for preparation of implementation plans, coordination with Insurance Company (IC)/ Implementing Support Agencies (ISAs), financial management, fraud & abuse control, monitoring of the project inputs, outputs, outcomes, processes, impacts and providing support to IC or ISA as needed.

DIU: District Implementation Units (DIU) have also been established to support the implementation of AB PM-JAY in every district included under the scheme. The DIU coordinates with the implementing agency (ISA/IC) and empanelled health care providers to ensure effective implementation and supports activities related to beneficiary identification, card generation, IEC dissemination, hospital empanelment, claim payment.

Support provided by key stakeholders

NHA: -

- ❖ Formulation of various operational guidelines related to PM-JAY, model documents and contracts to ensure standardization and interoperability.
- ❖ Develop and implement compliance with standards for treatment protocols, quality protocols, minimum documentation protocols, data sharing protocols, data privacy and security protocols, fraud prevention and control including penal provisions etc.
- ❖ Set up effective and efficient mechanisms to pay to the health care providers.
- ❖ Set up systems and processes for convergence of PM-JAY with other health insurance/assurance schemes.
- ❖ Work closely with Insurance Regulatory and Development Authority on development and implementation of Health Insurance Regulations targeting insurance companies, Third Party Administrators, hospitals and other stakeholders.

- ❖ Effective implementation of PM-JAY across the country and its regular monitoring including taking course corrections actions, as and when required.
- ❖ Coordination with various State Governments on regular basis for the implementation of PM-JAY.
- ❖ Capacity building of State Health Agencies and other stakeholders continuously.
- ❖ Carrying out awareness activities for informing beneficiaries and other stakeholders about the scheme.
- ❖ Prevention, detection and control of fraudulent activities and abuse.
- ❖ Grievance redressal for all the stakeholders at various levels.
- ❖ Set up an efficient monitoring system for the scheme.
- ❖ Stimulate cross-learning, sharing of best practices amongst States and documentation of these practices.
- ❖ Ensure interoperability, standardization, and convergence amongst schemes of Central Ministries.
- ❖ Develop strategic partnerships and collaboration with Central and State Governments, other public and private institutions including not-for-profit institutions, banks, insurance companies, academic institutions such as universities, missions, think tanks, and other national and international bodies of repute in areas relevant to the objectives of PM-JAY.
- ❖ Take any decision related to the implementation of the scheme, recruitment rules and hiring of staff, disbursement of grant-in-aid to the States and issue relevant directions from time to time, as required and all other activities as assigned by the Government of India from time to time.

SHA: -

- ❖ Management of empaneled hospitals to perform activities based on the guidelines issued by NHA on empanelment of hospital, de-empanelment, and accreditation of hospitals.
- ❖ Handling of data warehouse, operational applications, on-site support, and Management Information System (MIS).
- ❖ Responsible for developing strategies and plan for IEC/BCC activities keeping in view the evidence (data) based rationale, state-specific demand, background, co-branding etc.
- ❖ Capacity development activities including the development of training material and imparting training to various stakeholders in compliance with NHA/SHA guidelines.
- ❖ Continuous assessment of ongoing activities as well as an examination of the effectiveness of the scheme.
- ❖ Policy related issues of State Health scheme and its linkage to AB PM-JAY
- ❖ Convergence of State scheme with AB PM-JAY
- ❖ Selection of Insurance Company/ Implementation Support Agencies through tendering process (As per insurance & Trust/ Society mode)
- ❖ Empanelment of network hospitals which meet the criteria as per the guidelines
- ❖ Monitoring of services, Pre-authorizations, claim submission and Fraud and abuse Control
- ❖ Package price revisions or adaptation of AB PM-JAY health benefit packages
- ❖ Adoption of AB PM-JAY standard treatment guidelines, as needed
- ❖ Forming grievance redressal committees and overseeing the grievance redressal function
- ❖ Capacity development planning and undertaking capacity development initiatives
- ❖ Development of proposals for policy changes
- ❖ Management of funds as per financial guidelines
- ❖ Setting up and keeping oversight on district level offices and hiring of staff for district
- ❖ Preparation of periodic reports based on scheme data and implementation status

Details of the SHAs officials may be accessed at AB PM-JAY website link mentioned below:
<https://pmjay.gov.in/states/states-uts-officials>

District Implementation Unit: -

- ❖ Coordination with all district-level officials and other stakeholders to ensure scheme implementation.
- ❖ Ensuring compliance with the guidelines on beneficiary identification, utilization of services, awareness generation, expansion of hospital network, monitoring, audit, training, reporting, MIS etc.
- ❖ Organize routine, periodical and surveillance visits to all Empaneled healthcare providers in the scheme to ensure that all processes are running as per defined standards
- ❖ Setting up of District Grievance Redressal Committee (DGRC) as per AB PM-JAY guidelines and Managing complaints and grievances promptly
- ❖ Management of IEC campaigns to make beneficiaries aware of the contours of the scheme and also their rights
- ❖ Organize routine, periodical and surveillance visits to all the entities participating in the scheme to ensure that all processes are running as per defined standards

V. Support Structure for the Empaneled Healthcare Providers (EHCPs)

Division (NHA)		Stakeholder (SHA)	Support provided
Service Provider Engagement	Provider Empanelment	<ul style="list-style-type: none"> • Operations Manager • State and District Empanelment Committee, • District Implementation Unit (DIU) 	<ol style="list-style-type: none"> 1. Interaction with Non - empanelled hospitals regarding benefits of AB PMJAY 2. Facilitate empanelment process till completion 3. Assist in enhancements and updation of other information on HEM portal 4. Support and resolution of any empanelment related issue
	IITE	<ul style="list-style-type: none"> • Claim department- ISA/ TPA, • District Implementation Unit (DIU) 	<ol style="list-style-type: none"> 1. Pre-authorization approval (including auto approval as per state guidelines) 2. Claim processing and payments 3. Development of guidelines and processes pertaining to claim such as Claim adjudication guidelines, public fund utilization, etc
IT		<ul style="list-style-type: none"> • IT Manager • DIT (District IT officers/ managers) 	<ol style="list-style-type: none"> 1. IT support for PMJAY portals including generation of login IDs for various portals of PM-JAY 2. Management of IT support portal- resolution of tickets
Capacity Building		<ul style="list-style-type: none"> • District Implementation Unit (DIU) • Designated Personnel for CB 	<ol style="list-style-type: none"> 1. Training of trainers (PMAM, MEDCO, DIU, SHA, ISA/TPA) following a cascade model 2. Hand holding support in content development and delivery 3. Training need assessment 4. E-learning course for PMAMs
Hospital Operations		<ul style="list-style-type: none"> • Operation Manager • District Implementation Unit (DIU) 	<ol style="list-style-type: none"> 1. Ensure operationalization of EHCPs 2. Strengthening of DIUs by facilitating training 3. Facilitate any other support as per requirement (IEC, CB claim, IT etc.)
HPQA	HBP	<ul style="list-style-type: none"> • District Implementation Unit (DIU) 	<ol style="list-style-type: none"> 4. Development and implementation of health benefit packages



			5. Incorporation of package inclusion/ exclusion as per the feedback
	STG	<ul style="list-style-type: none"> District Implementation Unit (DIU) 	<ol style="list-style-type: none"> Development of advisory guidelines for EHCPs, PPD and CPD Standardization of documents for claim submission
	QA	<ul style="list-style-type: none"> Quality Cell Operations Manager 	<ol style="list-style-type: none"> Guidelines for quality certification Assistance in quality certification process
IEC		<ul style="list-style-type: none"> District Implementation Unit (DIU) Designated Personnel for IEC 	<ol style="list-style-type: none"> Development of IEC guidelines Awareness generation through information dissemination Organise and conduct various drives, events and workshops IEC planning and implementation
Beneficiary Engagement	Call Centre	Call Centre	<ol style="list-style-type: none"> Handling PMJAY related queries Provide state specific information to beneficiaries and hospitals Seek beneficiary feedback Quality audits
	Grievance Redressal	State Grievance Nodal Officer (SGNO) District Grievance Nodal Officer (DGNO) Grievance redressal committees at State and District level	<ol style="list-style-type: none"> Resolution of grievances registered on CGRMS through engagement with beneficiary and EHCPs Quality check Development and implementation of Grievance redressal guidelines
National Anti-fraud Unit		State Anti-fraud Unit	<ol style="list-style-type: none"> Prevention, detection, and deterrence of different kinds of fraud under the scheme Identifying triggers for fraud detection Development of fraud detection models
Monitoring & Research			<ol style="list-style-type: none"> Development of dashboards for stakeholders Data analysis and performance review

EHCPs may contact district and state level officials as per their requirements mentioned above.

1. Service Provider Empanelment

Under Ayushman Bharat Pradhan Mantri Jan Arogya Yojana (AB PM-JAY) it is envisaged that the health services delivered to its beneficiaries are safe and of appropriate quality for realizing patient-centric care. All activities working towards this should strengthen and reinforce the primacy of an effective provider network, and its accountability towards the beneficiaries of the

scheme. Empanelment is one such key aspect which while balancing adequate access would also ensure appropriate patient safety and quality.

Criteria for Empanelment for EHCPs

Considering the supply side characteristics, two types of empanelment criteria have been evolved.

- **General criteria** – For hospitals that provide non-specialised general medical and surgical care with or without ICU and emergency services.
- **Speciality criteria (for clinical specialities)** – For each speciality, a specific set of criteria has been identified. Under PM-JAY, a hospital is not allowed to select the risk, which means it cannot apply for selected specialities and must agree to offer all specialities to PM-JAY beneficiaries that are offered by it. However, to offer a specialised clinical service, the hospital must have necessary specific infrastructure and HR in place as mentioned in the special criteria developed under PM-JAY for the same.

For further details regarding the guidelines and process, please visit the website on the link, <https://pmjay.gov.in/resources/documents> and refer to the Hospital network & Empanelment and Quality Assurance

Link for HEM portal

<https://hospitals.pmjay.gov.in/empApplicationHome.htm?actionVal=loginPage>

2. Hospital Empanelment Module (HEM)

A web-based platform Hospital Empanelment Module (HEM) has been developed for registration of a healthcare provider willing to get empanelled under the flagship program AB PM-JAY. Every hospital needs to visit the web portal and create an account for themselves and must show a willingness to empanel itself. The system allows registering the hospital, after the hospital's consent for empanelment. Further, HEM creates an account with an exclusive hospital reference number and password. Using these credentials, the hospital has to login into the system to start filling the application form with the following sections:

User section	Civil infrastructure
Hospital basic information	Medical infrastructure
Financial details	General services
Specialities offered	Man-power details
Licenses and certifications	

Further, HEM portal will be helpful for the EHCPs in case they need to update (change of contact details, change in specialities etc.) on the aforesaid information after empanelment by using HEM login credentials.

Subsequent to empanelment, hospital needs basic infrastructure, manpower, training, capacity building on various aspects of AB PM-JAY, engagement with ISA/TPA/Insurance agencies, coordination with district/state/national authorities of AB PM-JAY, IEC, M&R etc. The chapters indicated herein will discuss the support extended to EHCPs at various level considering hospital's journey under AB PM-JAY.

3. Capacity Building

Since, AB PM-JAY is one of the largest health insurance scheme, it requires efficient utilization of resources across all levels, i.e. healthcare providers, insurance companies, development agencies, others. To achieve the noble objectives of the scheme, capacity building forms an integral part of the system and has the following objectives:

- To define structures and systems with specific roles for all stakeholders in PM-JAY including the PMAMs and MEDCOs
- To enable and provide all stakeholders with the requisite skill and knowledge related trainings to enhance their capacities to perform their role effectively and efficiently
- To ensure that the skills and knowledge of the stakeholders is maintained by using appropriate methods and tools

It is anticipated that a newly empanelled facility/ a new stakeholder in the ecosystem would require a thorough understanding and relevant upskilling on the multiple facets of the scheme. For e.g., a PMAM should understand the themes like BIS, TMS, IEC, Portability, etc.

How EHCPs can request for training

To ease the process of identifying the thematic area with the stakeholder, a matrix of has been prepared. It is advised that the empanelled healthcare providers:

- Raise/ request and recommend training requirement to the district implementation units
- Attend the training programmes organized by NHA / SHA / its partners
- Nominate and ensure PMAM/ MEDCOs attend training programm
- Provide feedback on the trainings attended
- Update developments and changes in the programme by thoroughly going though reference materials shared by NHA / SHA
- Conduct in-house orientation / training for other personnel in the facility
- Develop internal systems for knowledge transfer and learning to manage staff attritions

Recently, to streamline the process of training, a cascade model has been adopted. This model allows creation of layers of trainers at all levels (National, State/ Regional and District level) with defined responsibilities. While the training requirements are adequately met by the region/ state/ district, training requests may also be raised at the national level through the appropriate channel. It should be noted that NHA reviews these requests and addresses the same as per the guidelines.

National Health Authority (NHA) has also developed **Arogya Shiksha**, an online learning management platform to address the capacity building needs of the scheme. The learning materials (videos, presentations and other courses) can be accessed from learn.pmjay.gov.in and you can access it after successful registration in the portal. To access Arogya Shiksha, visit <https://learn.pmjay.gov.in/home.php#>. Before accessing any learning materials, participants are required to register in the NHA's Single Sign-On system and validate their identity.

In addition to Arogya Shiksha, an E-learning course for Pradhan Mantri Arogya Mitras (PMAM) has also been developed. This e-learning course is designed to provide the learner with the necessary skills, knowledge and attitudes required to become a PMAM. After completing this programme, participants should be able to:

- Prepare for help desk operations
- Provide relevant AB PM-JAY information to beneficiaries
- Check eligibility and verify patients/beneficiaries for AB PM-JAY
- Submit registration, pre-authorization and claims requests and facilitate service
- Use computers, electronic and related equipment for carrying out various work activities
- Maintain interpersonal relationships with patients, colleagues, and others



- Maintain professional personal standards of grooming and conduct
- Apply health and safety practices at the workplace

English Module: https://eskillindia.org/Course/course_detail/111962320190221064123

Hindi Module: https://eskillindia.org/Course/course_detail/116421720190221064742

For further details regarding the guidelines and process, please visit the website on the link, <https://pmjay.gov.in/resources/documents> and refer to the Capacity Building section for training guidelines

4. Information Education Communication (IEC)

Information, Education and Communication, abbreviated as IEC, is a strategy to spread awareness through communication channels to a target audience to achieve a desired positive result. The main objective of the IEC division is to generate awareness about the scheme through the dissemination of information aimed at building brand resilience, beneficiary sensitization including empowerment and thus support the implementation process to ensure optimum results. NHA's IEC team provides a comprehensive overview of all activities involved in IEC planning and implementation at the NHA and state levels.

In addition, hospitals may seek IEC support from respective DIUs/SHAs as SHAs are responsible for IEC & other activities pertaining to AB PM-JAY. IEC materials and respective guidelines may also be assessed at AB PM-JAY website.

Suggestions for effective use of IEC at EHCPs

General Display Guidelines

- ❖ For maximum impact, IEC material must be placed where they are most visible.
- ❖ Place material at eye-level, on walls where that are no, or few other IEC materials placed to avoid overcrowding of information.
- ❖ IEC should be in local language and displayed at prominent places.

Specific Display Guidelines

Hoardings or Banner

- One hoarding or banner (as per the space availability) must be displayed at hospital premises at the entrance where it could be visible to the maximum number of people

Posters

- Choose walls that are visible to maximum people such as OPD waiting area, PMAM counter, AB PM-JAY Kiosk, cafeteria, registration counters, IPD counters etc

Sandwich Boards (for services registered)

- To display posters for services registered under AB PM-JAY, it is suggested to use a sandwich board

Standee

- To be displayed at OPD and IPD Registration counter or near Kiosk
- Mandatory 1 standee to be displayed at Kiosk or OPD and IPD Registration counter

□ **Direction Signage**

- It is mandatory to display direction signage for guidance from reception to the PM-JAY desk. Either stickers or hangings are to be used for the same.

Note: the display location should not be limited to those mentioned. The hospital should identify other spots best suiting to the requirements

For further details regarding the guidelines and process, please visit the website on the link, <https://pmjay.gov.in/resources/documents> and refer to the IEC section for IEC guidelines

5. Quality Assurance

With the increase in the number of empanelled hospitals, it is critical to define a quality framework based on the basic principles of patient safety, to monitor and measure, adverse events and take corrective and preventive measures as and when required.

It is envisaged that the process of quality certification will ensure that the hospitals demonstrate commitment towards quality care and raising the bar for other network hospitals to follow. It also helps them to create a distinct representation and boost the confidence of beneficiaries in the services being provided under the AB PM-JAY scheme.

Objectives of Quality under PM- JAY

- Providing 'Quality healthcare' to beneficiaries is the prime motto of the scheme.
- Ensuring transparency in the care provided to the patient and reducing fraudulent cases.
- Build a network of healthcare providers delivering quality clinical & support services while following the healthcare protocols.
- Raise awareness about quality care and establish a quality system in all empanelled hospitals.

The quality framework and initiatives for the AB PM-JAY scheme include the following:

- **Quality Monthly Audit Checklist:** It is a self-assessment evidence-based checklist consisting of 20 parameters. A method of self-assessment includes – direct observation, patient interview, staff interview and record review as per parameter. It may be noted that empanelled hospitals have to perform an online assessment every month and the average score is considered as the yearly assessment score.
- **Trigger Based Quality Audit:** Trigger Based Quality Audits is an audit framework based on triggers and algorithms which can be utilized to closely monitor and track quality health care delivery in PM-JAY EHCPs. Trigger Based Quality Audits provide a framework to improve the quality of patient care collaboratively and systematically. It reveals the need for improvements to service.

In addition to the above, a 3-level hospital quality certification process has been established for AB PM-JAY. The levels differ in terms of their certification criteria, financial incentivization, and provides leverage to the empanelled hospitals that are already certified by nationally or internationally recognized accreditation body (NQAS, NABH & JCI). NABH's Entry-Level/ NQAS certified hospitals can apply directly for AB PMJAY Silver quality certification and hospitals with

NABH's Full Accreditation/JCI accreditation can apply for AB PMJAY Gold quality certification directly. Hospitals which are not certified by any accreditation body need to apply for bronze certificate in order to get the quality certification. After completion of six months from the date of receiving the certificate, hospitals can also upgrade to Silver and later to Gold. Also, a Guideline on the step-wise process for non-empanelled hospitals for AB PM-JAY Quality certificate is developed by NHA to promote quality certification in hospitals.



For further details regarding the guidelines and process, please visit the website on the link, <https://pmjay.gov.in/resources/documents> and refer to the Hospital Empanelment & Quality Assurance section for AB PM-JAY Quality guidelines
AB PM-JAY Quality certification portal: <https://pmjay.qcin.org/Index>

6. Health Benefit Packages (HBP)

Health Benefit Packages in this social health insurance scheme, not only define the scope of services but also determine the extent of financial risk protection to the beneficiaries. It is envisaged that the HBP cover diseases with high incidence/prevalence rates and the diseases which contribute to the maximum Out of Pocket expenditure (OOPE).

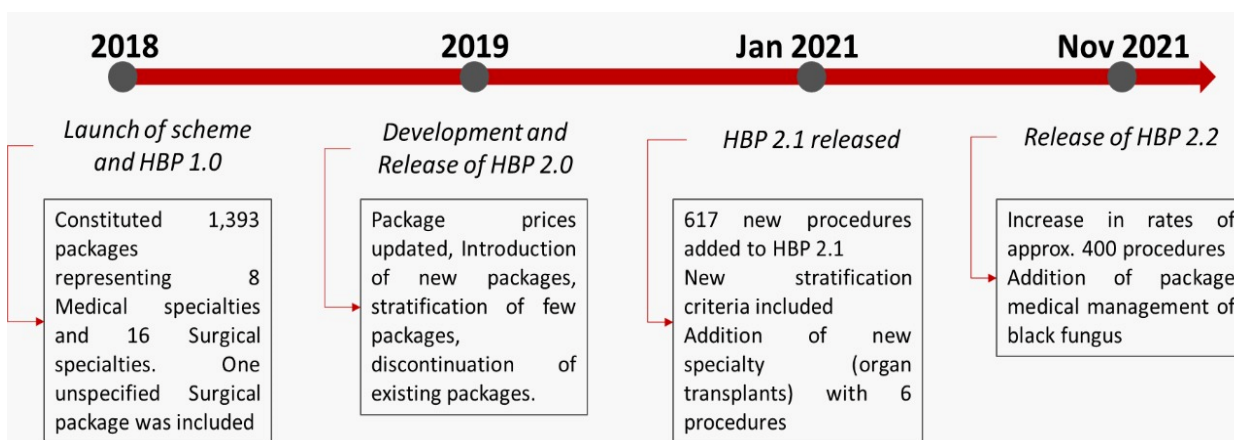
The benefits within this Scheme under the basic risk covered are provided on a cashless basis to the beneficiaries up to the limit of Rs. 5,00,000/ and includes:

- Hospitalization expense
- Day-care treatment (as applicable)
- Follow-up care
- Pre and post hospitalization expenses
- New-born child/children

Key specialities covered under the HBP master package are as follows:

Specialities covered in HBP packages	
Burns Management	Ophthalmology
Cardiology	Oral and Maxillofacial Surgery
Cardiothoracic & Vascular surgery	Orthopaedics
Emergency Room Package	Organ & Tissue Transplant
General Medicine	Otorhinolaryngology
General Surgery	Paediatric Medical management
Infectious Diseases	Paediatric surgery
Interventional Neuroradiology	Plastic & Reconstructive Surgery
Medical Oncology	Polytrauma

Mental Disorders Packages	Radiation Oncology
Neo-natal care Packages	Surgical Oncology
Neurosurgery	Unspecified Surgical Package
Obstetrics & Gynaecology	Urology



HBP	Package Count	Procedure Count
HBP 1.0	1,393	-
HBP 2.0	874	1,593
HBP 2.1	918	1,669
HBP 2.2	919	1,670

Over the years, the packages have witnessed additions and revisions as depicted. NHA is responsive to the market needs and is evolving continuously to make the packages more responsive to population and provider needs.

Health Benefits Packages 2.2

Recently, National Health Authority (NHA) has revised the Health Benefit Package (HBP) Master under the scheme. In the revised version of Health Benefit Package (HBP 2.2), rates of some health packages have been increased by 20 percent to 400 per cent under PM-JAY. Around, 400 procedure rates have been revised and one new additional medical management package related to black fungus has also been added. The HBP 2.2 have been rolled out from November 2021 onwards

The rate revision has been done in the following categories:

- Radiation oncology procedures,
- Medical Management procedures like procedure for dengue, acute febrile illness etc.,
- Surgical package treatment for black fungus,
- Other procedures like Right/left heart catheterization, PDA closure, Arthrodesis, Cholecystectomy, appendicectomy etc.
- Under medical management procedures, rates for ICU with ventilator has been revised by 100 percent, rates for ICU without ventilator by 136 percent, rates for HDU has been revised by 22percent while prices for routine ward has been revised by 17 percent.

Unspecified package guidelines up to ₹ 5 Lakhs

For any State / UT to utilize the unspecified surgical package up till ₹ 5 lakhs, it is to be ensured that the same is approved only in the following circumstances

- a. Exceptional circumstances may include:

- Rare disease conditions or rare surgeries.
- Other conditions / treatments which are not excluded under AB PM-JAY but not listed in HBP.
- b. Life-saving conditions may include:
 - Emergencies or life-threatening conditions

Using an unspecified surgical package:

Criteria for treatments that can be availed under unspecified surgical package:

- Only for surgical treatments.
- Compulsory pre-authorization is in-built while selecting this code for blocking treatments.
- Cannot be raised under multiple package selection. Not applicable for medical management cases. (Such as: those belong to General Medicine / Interventional Radiology / Cardiology, Medical Oncology, Radiation Oncology etc.)
- Government reserved packages cannot be availed by private hospitals under this code. PPD / CPD may reject such claims on these grounds. In addition, SHA may circulate Government reserved packages to all hospitals. Further, SHAs need to establish suitable mechanisms to refer such cases to private facilities to avoid denial of care.
- Cannot be booked for removal of implants, which were inserted under the same policy. Exceptions where removal of implants is not covered under any other package, to be approved by State Health Agencies or National Health Authority.
- In the event of portability, the home state approval team may either reject if a government reserved package of the home state is selected by a private hospital in the treating state or consider on grounds of 'emergency'.
- Aesthetic treatments of any nature cannot be availed under this code or as such under any other listed codes under AB PM-JAY. Only medically necessary with functional purpose / indications can be covered. The procedure should result in improving / restoring bodily function or to correct significant deformity resulting from accidental injury, trauma or to address congenital anomalies that have resulted in significant functional impairment.
- Individual drugs or diagnostics cannot be availed under this code. Only listed drugs and diagnostics with fixed price schedules, listed under the drop down of respective specialties, are included for blocking treatments.
- None of the treatments that fall under the exclusion list of AB PM-JAY can be availed viz. individual diagnostics for evaluation, out-patient care, drug rehabilitation, cosmetic / aesthetic treatments, vaccination, hormone replacement therapy for sex change or any treatment related to sex change, any dental treatment or surgery which is corrective, cosmetic or of aesthetic procedure, filling of cavity, root canal including wear and tear etc. unless arising from disease or injury and which requires hospitalization for treatment etc.
- However, for life threatening cases such as of suicide attempt or accident due to excess consumption of alcohol, treatment shall be provided by the hospital till the patient's condition stabilizes.
- In case the SHA is getting multiple requests for the same unspecified package from multiple hospitals or for multiple patients, then the same should be taken up with the Medical Committee for inclusion in the package master for that SHA within a defined time frame as per the SHA.
- The same should also be shared with NHA for consideration to include such packages in national package master.
- For deciding on the approval amount, the PPD may consider the rate of closest match of the requested surgery, in listed AB PM-JAY packages. It should be noted that the amount approved by the PPD would be sacrosanct, to be communicated to the hospital, and the CPD would not be able to deduct any amount or approve partial payment for that claim.

HBP 2022:

- Since the inception of the Ayushman Bharat Pradhan Mantri Jan Arogya Yojana (AB PMJAY) scheme, the National Health Authority (NHA) has made several changes in the constituents and prices of its Health benefit packages (HBP). There has been a transition from HBP 1.0 (Sept. 2018) to HBP 2.0 (Nov. 2019), HBP 2.1 (Nov. 2020), and HBP 2.2 (Nov. 2021). For the financial year 2022-23, the HBP master has been reviewed and revised, which has been named as HBP 2022.
- The rationalization exercise for revision to HBP 2022 comprised of an extensive review of current scheme performance in terms of its utilization and related issues, consideration of cost evidence to determine the variation in cost and price, an exhaustive consultation with expert committees in different specialties, inputs from State Health Agencies, hospital associations, and other stakeholders.
- The revised package master includes a list of selected high-end drugs and consumables which will be mapped in the TMS IT system with relevant packages.
- The AB-PMJAY HBP 2022 has differential pricing on the type of city, based on the classification of cities mentioned in 7th pay commission. The classification has grouped the cities into X- Tier 1, Y- Tier 2, and Z- Tier 3. There 8 cities in the group of X and 97 cities in the Y group and remaining are grouped as Z category.

For further details regarding the guidelines and process, please visit the website on the link, <https://pmjay.gov.in/resources/documents> and refer to the Health Benefit Packages section for HBP guidelines and packages list

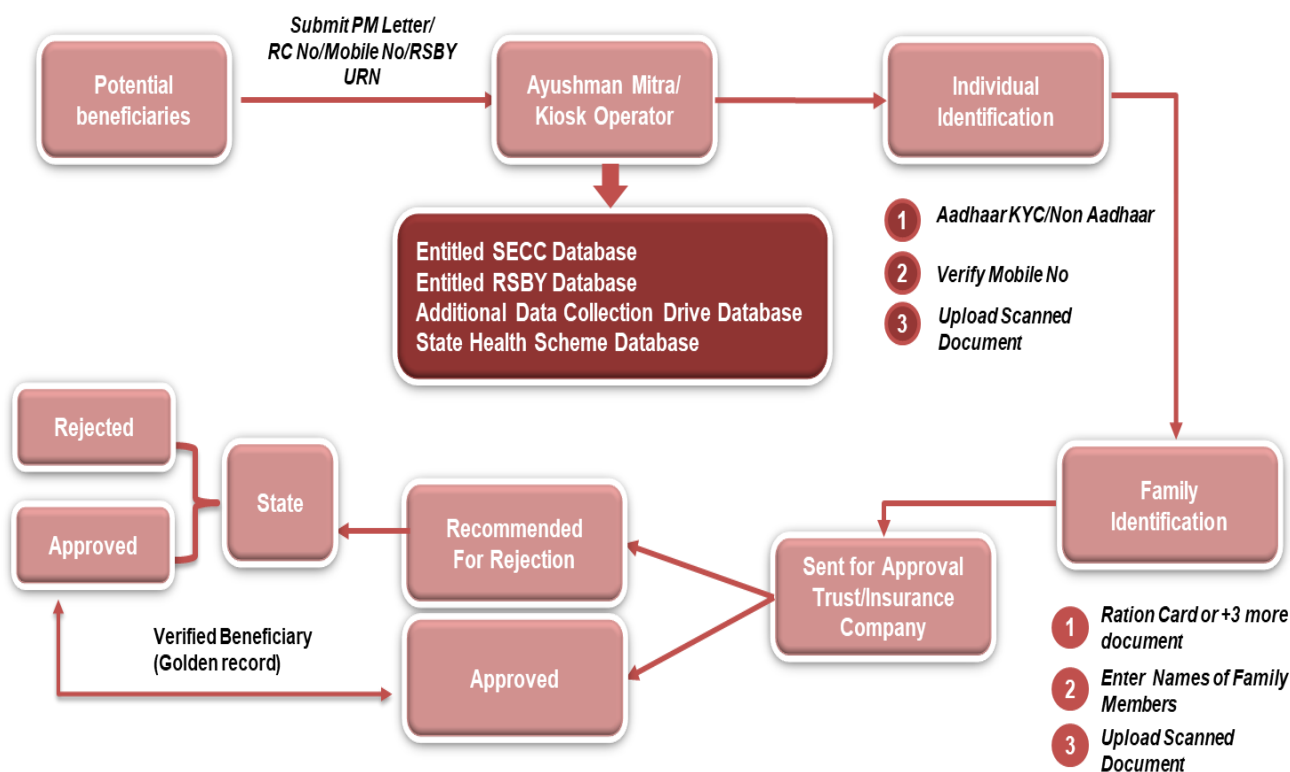
7. Beneficiary Identification System

Beneficiary Identification System (BIS) aims to verify beneficiaries from the entitled database and create an authenticated beneficiary registry.

- Beneficiary Identification System works on a maker-checker mechanism, where the operator Pradhan Mantri Arogya Mitra (PMAM)/ Common Service Centres (CSC) act as makers and state approvers/SHA act as checkers.
- The operator searches in the beneficiary database (SECC, Rashtriya Swasthya Bima Yojana (RSBY), Additional Data Collection Drive (ADCD), State Health Scheme database) to determine if the person is enlisted as a beneficiary.
- Search can be performed by Name, Location, Ration Card No or Mobile number (collected during additional data collection drive) or Identification Documents (ID) printed on the PM letter sent to the family or RSBY URN (Unique Relationship Number) or any other state scheme ID (for states that have integrated their state schemes with PM-JAY)
- If the beneficiary's name is found in the AB PM-JAY list, Aadhaar (or an alternative government ID) and Ration Card (or an alternative family ID) is collected against the Name / Family.
- The operator sends the linked record for approval to the Insurance Company / Trust (also known as state approvers). The beneficiary is advised to wait for approval from the insurance company/ trust.
- The Insurance Company / Trust will set up a beneficiary approval team that works on a defined service level on turnaround time. The AB PM-JAY details and the information from the ID are presented to the verifier. The Insurance company / Trust can either approve or recommend a case for rejection with reason.
- All cases recommended for rejection are scrutinized by a State Health Agency (SHA) that works on defined service levels on turnaround time. The SHA will either accept rejection or approve with reason.

The e-card of the identified beneficiary is then printed with the unique ID under AB PM-JAY and handed over to the beneficiary to serve as proof for verification for future reference

BIS Process Flow



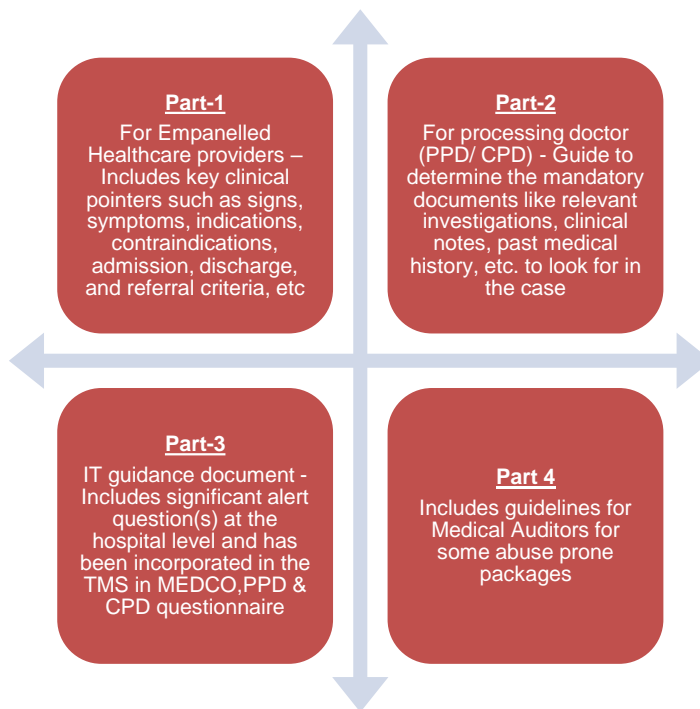
8. Standard Treatment Guidelines (STG)

Standard Treatment Guidelines (STG) are systematically developed statements to assist practitioners in making decisions about appropriate health care for specific clinical circumstances. They aim to specifically help in:

- Standardizing the documents being submitted by the hospitals
- Reduction in number of queries and repeat transactions
- Decreasing unnecessary delay in processing of pre-auth and claims and aid timely payment to hospitals
- Bringing in more accountability at all levels- MEDCO, PPD, CPD
- Improving the quality of care by avoiding unnecessary treatment with focus on appropriateness of care
- Promoting choosing the relevant package as per the patient requirement
- Preventing fraud and abuse

The STGs are advisory guidelines primarily for empanelled hospitals, Medical coordinators (MEDCO), Pre-auth panel doctor (PPD), Claims Panel doctor (CPD), audit teams to give them an idea on package specific key clinical pointers, mandatory documents, questionnaire in the form of a check list. The checklist on TMS is required to be mandatorily filled by the MEDCO/ PPD/ CPD in order to raise and process a pre-auth or a claim.

It should be noted that the STG documents do not provide any guidance on clinical and therapeutic management of patient and physicians may refer to other relevant material as per the extant professional norms.



EHCPs may refer the STG guidelines that is available on AB PM-JAY portal and may also build capacities of staffs in coordination with DIU/SHA/NHA.

While these guidelines are available for download on TMS, they can also be accessed at https://pmjay.gov.in/standard_treatment_guidelines . In addition, the STG presentation and training manual can be viewed and referred using the aforementioned link.

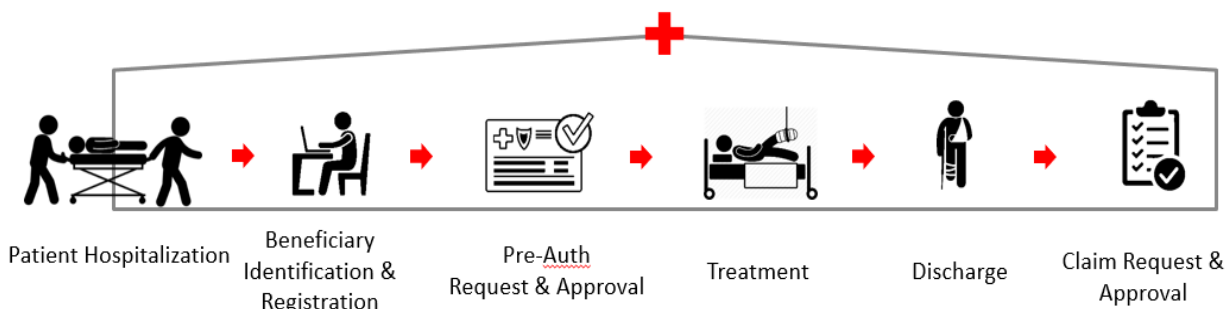
At NHA, the adherence to these guidelines through data analytics and artificial intelligence tools is being monitored. A STG dashboard has been developed for overviewing the utilization of packages for which STG had been launched, highlighting areas of further analysis and monitoring.

For further details regarding the guidelines and process, please visit the website on the link, <https://pmjay.gov.in/resources/documents> and refer to the Standard Treatment Guidelines section for STGs

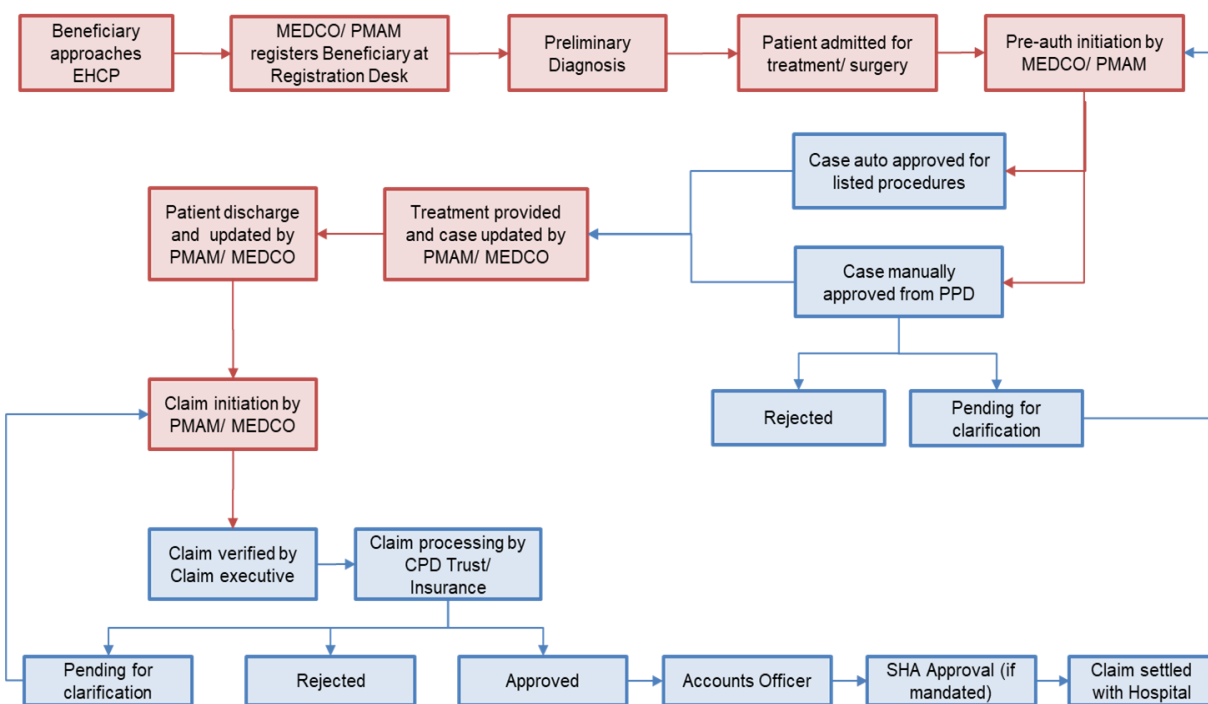
9. Transaction Management System

Transaction Management System (TMS) captures in-patient data on admission, treatment and discharge, and onwards to hospital claims and financial settlement. It is integrated with other State-based and external systems through APIs. TMS enables PMAM to register beneficiaries for availing treatment in the hospital, raise pre-authorization, file treatment details, raise the claim to the TPA for further processing of claim requests sent by hospitals.

TMS Workflow



All transactions need to be maintained online to ensure real-time claim management and reporting. The hospital transactions management process workflow managed on TMS is depicted below:



The below steps describe the workflow-

- PMAM/Medco retrieves the beneficiary details from BIS and registers the patient in TMS
- Patient is then diagnosed and identified as an in-patient or out-patient.
- Pre-AUTH's are raised for in-patients so that the treatment can start.
- Pre-auth panel doctor approves, rejects or can raise query to the PMAM.
- Beneficiary treatment starts after approval from PreAuth panel doctor.
- After the treatment, PMAM updates TMS with patient's treatment details and raise a claim.
- Claim panel doctor approves, rejects or can raise query to PMAM
- Approved claims are then forwarded to Account officer for validating documents associated with the claim
- Account officer then forwards the claim to SHA for approval and release of funds.
- Bank makes claim transactions to the hospitals.

Ayushman Bharat Pradhan Mantri Jan Arogya Yojana's (PMJAY) One Transaction Management System (TMS) allows for capturing of in-patient data on admission, treatment and discharge, and onwards to hospital claims and financial settlement. It is integrated with other

State based and external systems through Application Program Interface (APIs). One TMS application is based on the scheme construct which allows to accommodate multiple health assurance/insurance schemes (other than PMJAY) for a single state. Based on the requirement of the states, TMS has the capability to configure following features in an effective and quick manner:

- Multiple schemes can be configured with different TMS workflows and different wallet coverage in the same state.
- Beneficiaries can be mapped to schemes after approvals are taken from the State Health Agency
- Scheme selection option can be provided while booking package, searching for cases and processing claims. Ministry of Home Affairs (MHA) has approved extension of health care services to Central Armed Police Forces (CAPF) personnel (namely Assam Rifles (AR), Central Reserve Police Force (CRPF), Indo-Tibetan Border Police (ITBP), Sashastra Seema Bal (SSB), Border Security Force (BSF), Central Industrial Security Force (CISF), and National Security Guard (NSG)) through Ayushman Bharat PM-JAY IT platforms.

For further details regarding the guidelines and process, please visit the website on the link, <https://pmjay.gov.in/resources/documents> and refer to the Information Technology section for

BIS guidelines

Link for TMS portal <https://tms.pmjay.gov.in/OneTMS/loginnew.htm>

For Additional information on BIS and TMS Training

<https://pmjay.gov.in/training-package>

10. Insurance Company/ Implementation Support Agency/ Third Party Administrator Engagement (IC/ ISA/ TPA) - IITE

Being the largest public health insurance scheme across the globe, the gamut of AB PM-JAY is magnanimous that requires constant improvement and engagement with all stakeholders for the success of the scheme. Engagement of IC/ ISA/ TPA has been an integral element of PM-JAY.

In PM-JAY, claim adjudication is done through integrated workflows between three key systems – Beneficiary Identification System (BIS), Transaction Management System (TMS) and Hospital Empanelment Module (HEM). The key tasks are performed under Transaction Management System (TMS), partially at the time of Pre-authorization by Pre-authorization Processing Doctor (PPD) and later at the time of final claim settlement by the Claim Processing Doctor (CPD) based on the documents received from the hospital. While approving a pre-auth request or adjudicating a claim at the settlement stage, the processing team should exercise the utmost care and be mindful of the decision because any wrong approval/ payment may lead to inconvenience to beneficiaries or recoveries from the hospital/ISA/Insurer at a later stage.

The system under AB PM-JAY is designed to help the claims processing team adjudicate claims end to end, however, human intelligence needs to be applied while processing/approving both Preauthorization and claims. Claims adjudication refers to the decision on two key aspects of a claim:

- Whether the claim is admissible under the terms of policy/scheme and if yes,
- What is the quantum payable?

It applies to the final decision on claims payment. The decision involves cross-verification of all-important aspects – covered person, medical condition – symptoms, diagnosis, treatment, policy exclusions, period, available sum insured, pre-agreed tariff/package rate, empanelled hospital etc. and the team at NHA and SHA is working on the same.

Green Channel Payment

NHA has introduced the concept of Green Channel Payment (GCP), which is aimed at swift release of 50% of the claim amount related to such hospitals which have sound credentials and impeccable record of participation under the scheme. This facility will be enabled on the NHA's IT platform. Such payments will be released after processing of claims by Claim Executive (CEX) subject to fulfilment of following criteria by the hospital:

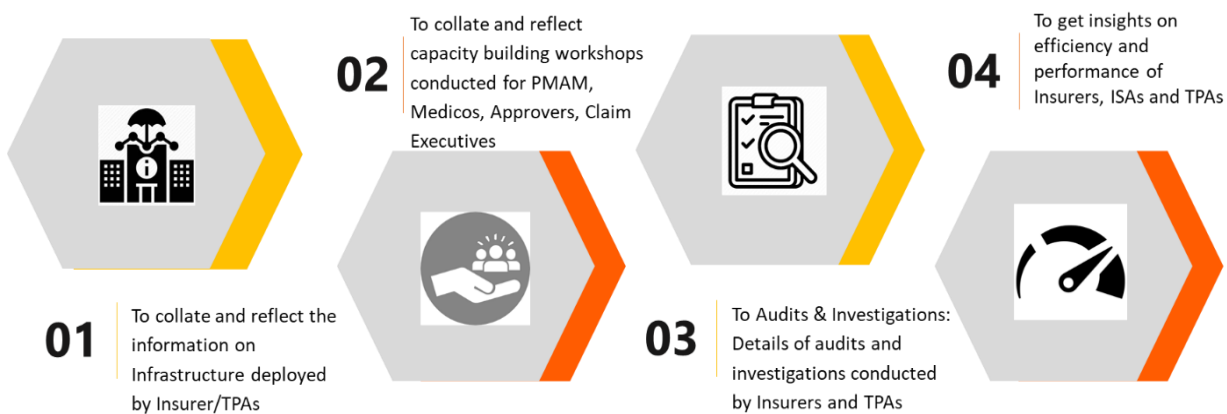
- The EHCP should not have any suspicious cases/confirmed fraud/disciplinary action pending or taken/should not have high Risk Score.
- If any EHCP is found to be indulged in any fraudulent practice in current and immediate previous financial year, it will make the hospital ineligible for the green channel.
- The EHCP should have been empanelled for at least 6 months under the scheme.
- Claim has been processed and approved by CEX.
- Hospitals must furnish a bank guarantee equivalent to the amount that they would like to receive under green channel against partially processed claims.
- A green channel account will be created in TMS for the EHCPs that meet all necessary conditions. The total amount of reimbursement under GCP at any point of time cannot exceed the value of bank guarantee submitted by the concerned EHCP. The credit available in the account will be reduced by the claim amount paid under GCP. Once such claims are processed, the account will be auto credited back with the value of amount released under GCP.

For e.g., suppose a claim amount of Rs 1,00,000 was processed under GCP and Rs. 50,000 was released to the EHCP. The EHCP has deposited a BG of Rs. 10,00,000. After release of Rs. 50,000, hospital is left with the green channel credit of Rs 9,50,000. Once the claim is processed and approved. The green channel credit of the hospital will be restored to Rs. 10,00,000. This will be a recurring process.

- At the time of release of funds, the following is mandatory:
 - At least 10 days of validity of the bank guarantee furnished by the EHCP should be remaining
 - The claim amount proposed to be partially released under GCP is lower than the balance left in the green channel account of the EHCP (The amount related to EHCP as part of the full settlement of claims will not be considered as funds released under GCP)
- The EHCP should consent to submit standard documents for claim submission for the faster claim processing.
- The EHCP shall furnish an Undertaking to comply with the demand for recovery, if any, that may arise later. This must be uploaded on the HEM portal.

IMPACT Portal

The portal has been created by NHA for monitoring & evaluating the performance of Insurers/ISAs/TPAs engaged by SHAs including compliance to contractual obligations. It is a comprehensive portal displaying information related to Resource Deployed, MOU Deliverables, Performance and GAP, Query & Rejection, Performance Matrix, Pre-auth approval TAT, Claim Approval TAT, Productivity of PPD, CEX and CPD etc.



For further details regarding the guidelines and process, please visit the website on the link, <https://pmjay.gov.in/resources/documents> and refer to the Claims adjudication section

11. Supporting Division:

11.1 Call Centre

NHA has set up a National Call Centre which aims to provide a common platform in the country to manage incoming and outgoing telephone calls from/to various stakeholders. It aims to provide appropriate help to the beneficiaries/callers the very first time they call through process integration and outstanding service delivery. Through beneficiary feedback, it also captures process gaps and inefficiencies to be addressed. The feedback/ grievances are registered through. Data collected from the call centre is shared with concerned stakeholders and root cause analysis is carried out to help in formulating/ adjusting policies. Following are the features of NHA's Call Centre:

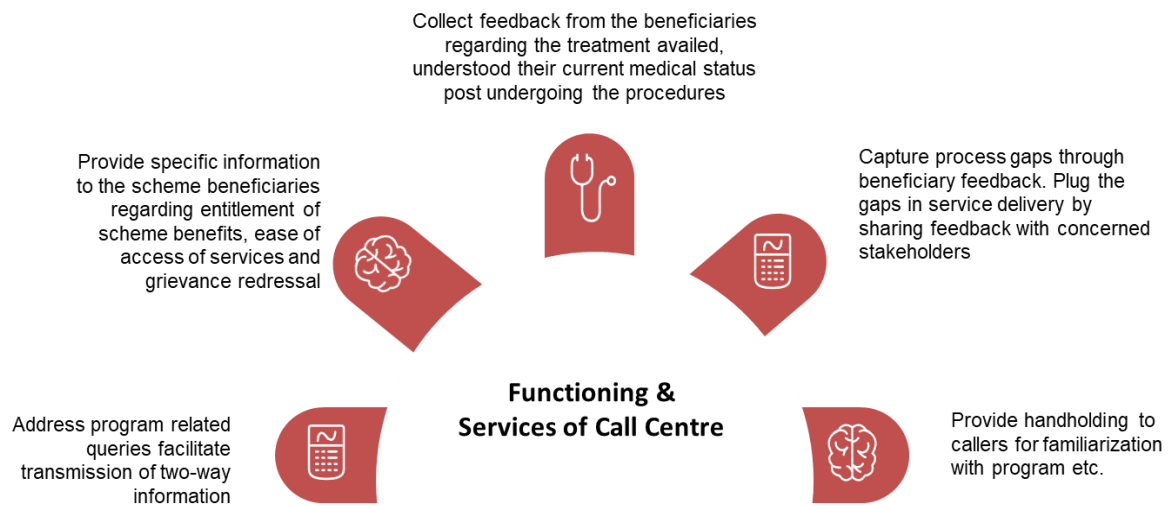
- National Call Centre has multi-lingual capacity and is set-up for inbound and outbound calls from across India.
- Based on experience, some of these calls are automated and handled through Interactive Voice Response (IVR) for which the protocol is provided.

The National Call Centre for the **toll-free number 14555** currently acts as the primary point of contact for various stakeholders of PM-JAY and other programs managed by NHA. It aims to provide a common platform in the country to manage incoming and outgoing telephone calls from/to various stakeholders (citizens, insurance companies, healthcare providers, SHAs, etc)

- To address PM-JAY related queries
- To provide state-specific information to the beneficiaries regarding the entitlement of PM-JAY, access of services, and grievance redressal.

Call centre at NHA also caters to inbound calls from EHCPs regarding technical issues or any other relevant information.

Through integration with a state call centre, calls received at PM-JAY call centre helpline shall automatically be forwarded to a respective state call centre through location-based call forwarding mechanism/ IVRS based as per standards of telecom service providers and rules and regulations.



For further details regarding the guidelines and process, please visit the website on the link, <https://pmjay.gov.in/resources/documents> and refer to the NHA Call Center section for Call Center Guidelines

11.2 Grievance Redressal System

To ensure that disputes and grievances of AB PM-JAY beneficiaries, healthcare providers and other stakeholders are resolved in an efficient, transparent and time-bound manner, NHA has developed Grievance Redressal Guidelines and has established a Central Grievance Redressal Management System (CGRMS).

CGRMS (Central Grievance Redressal Management System) is an online portal used to address the complaints registered from different stakeholders under AB PM-JAY. Through this mechanism, anyone can lodge a complaint or grievance on the portal which will be addressed within a defined time frame.

How Hospital can Lodge or register their grievances?

If hospital has a grievance (aggrieved party) against any stakeholder of AB PM-JAY she/he may lodge a grievance through one of the following means:

- **Online Mode:** Through online grievance redressal portal – CGRMS of AB PM-JAY (<https://cgrms.pmjay.gov.in/GRMS/loginnew.htm>)
- **Offline Modes:**
 - AB PM-JAY call centre helpline operated by the State/ NHA.
 - Through a letter, telephone, e-mail, and fax to the official addresses of SHA or NHA
 - Directly with the DGNO of the district where such stakeholder is located or where such grievance has arisen.
 - DGNO shall enter the particulars of grievances received via offline mode in the portal

For all grievances received by the call centre, call centre executives shall register the details of the grievance in the CGRMS defined format and forward the same to DGNO or state grievance nodal officer of the state concerned in case DGNO details are not updated. SGNO shall allocate the same to the concerned district.

All grievances, irrespective of the means through which it is lodged, are forwarded to the concerned DGNO with a copy to the SGNO. The DGNO further enters the particulars of the grievance on the CGRMS portal established by the NHA.

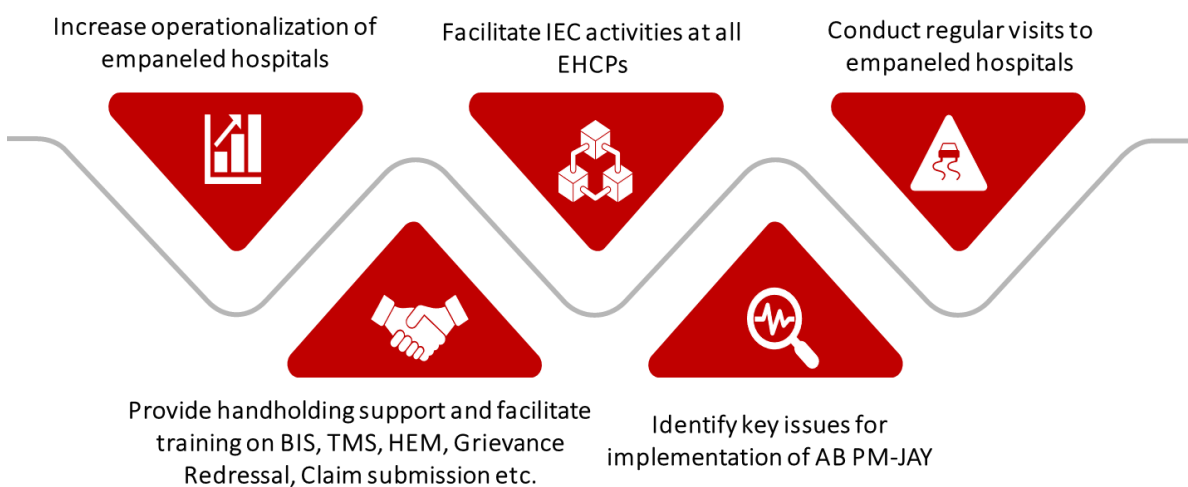
The CGRMS system automatically: (i) generates a Unique Ticket Number (UTN); (ii) categorizes the nature of the grievance; and (iii) an e-mail/letter / SMS is shared with the appropriate stakeholder to which such category of grievance is to be referred (including updating on phone) as per the Grievance Redressal Matrix

Special powers of the authorities: The SHA, SGRC and/ or the NHA have the authority to initiate Suo moto proceedings and file a grievance on behalf of itself and/or PM-JAY beneficiaries under the Scheme. They may also take cognizance of reports in social media and other public forums for further investigation and redressal.

For further details regarding the guidelines and process, please visit the website on the link, <https://pmjay.gov.in/resources/documents> and refer to for Grievances Redressal

11.3 Hospital Operations

Hospital Operations (HO) division has been established as an eminent part of NHA to improve the engagement with empanelled healthcare providers so that two-way communication between NHA and EHCPs could be established. HO division also does liaison with SHAs, DIUs & central ministries for providing the required support in areas depicted below



For Additional information on **Operationalization Process for National Health Authority (NHA) Direct Empanelled Hospitals**

<https://pmjay.gov.in/sites/default/files/2020-06/Final-Operationalisation-of-NHA-Direct-empaneled-Hospitals-Guidelines.pdf>

12. Monitoring Division

12.1 Information Technology

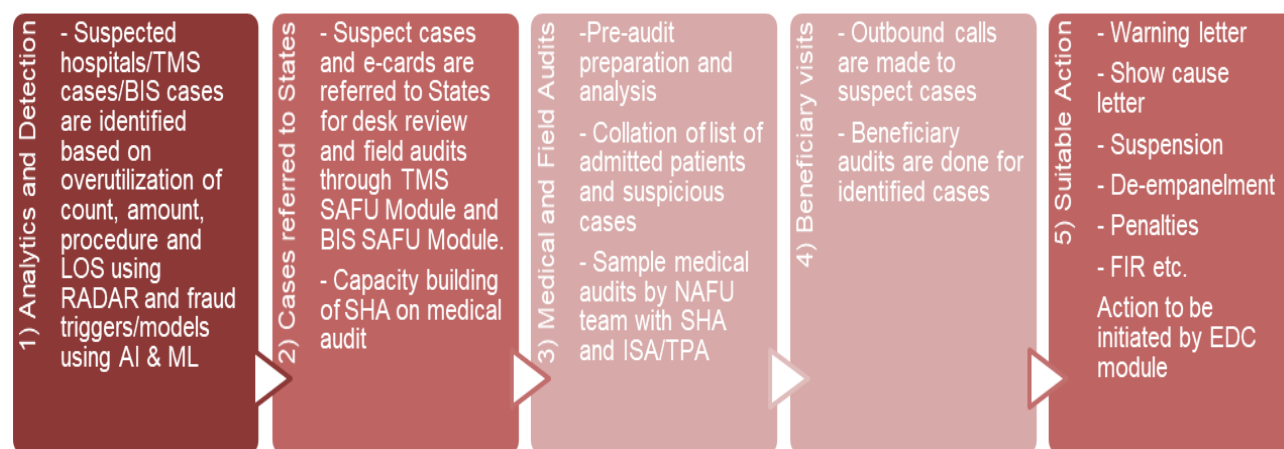
The NHA has developed comprehensive IT-based solutions that are designed to help States/UTs rapidly implement the PM-JAY scheme. States were given the flexibility to use NHA provided IT system or their existing IT platform. In all cases, states are required to provide data to the NHA in a standardized format that enables monitoring on a set of common parameters. The robust IT ecosystem includes end-to-end information security and privacy of personally identifiable data for beneficiaries, portability, grievance management and anti-fraud measures, etc.

12.2 National & State Anti-Fraud Unit

NHA has a zero-tolerance policy towards fraud and abuse and has been taking steps for prevention, detection, and deterrence of different kinds of fraud that could occur in PM-JAY at different stages of its implementation. National Anti-Fraud Unit (NAFU) has been created at NHA for overall monitoring and implementation of anti-fraud framework supported by State Anti-Fraud Units (SAFU) at the state level.

Anti-Fraud Framework covers the entire gamut of activities for prevention, detection, and deterrence of different kinds of fraud that could occur in AB PM-JAY at different stages of its implementation by any entity involved in the implementation of the scheme.

Process of Fraud Control System



Mobile based field audits:

- Mobile app for investigations, is integrated with TMS
- Cases directly shared with SAFU and routed to field investigators
- The results and evidences directly captured in the app & flows in TMS
- Captured results help processing team to take decision accordingly

For further details regarding the guidelines and process, please visit the website on the link, <https://pmjay.gov.in/resources/documents> and refer to for Fraud and Abuse

12.3 Monitoring and Research (M&R)

Monitoring & Research is imperative for the successful implementation of such a large-scale insurance scheme. The M&R department provides continuous updates on the process and output indicators through a strong real-time, interactive Management Information System (MIS). It streamlines the knowledge from the products developed during the process of implementation and disseminates it to the concerned staff as and when required. The department undertakes research activities and institutionalizes working papers, policy briefs while also engaging with external agencies for research studies. Streamlining of research activities, conducting TAC (Technical Advisory Committee) meetings for upcoming research studies and maintaining a repository of required datasets are some other areas where M&R is involved.

M&R Division supports in policy making at national & state level by sharing the performance data of EHCPs and States as well. The performance of EHCPs are being captured on insight data in real time basis and serves as a tool for review and further development of strategies.

VI. Conclusion

Empaneled Healthcare Providers (EHCPs) are eminent part of the scheme and one of the unique features of the Ayushman Bharat PM-JAY wherein Government has engaged private sector healthcare providers for extending the coverage of the scheme and provide treatment to eligible AB PM-JAY beneficiaries. National Health Authority acknowledges the efforts and contributions made by EHCPs associated with us across India.

NHA also acknowledge the need to provide required handholding support to EHCPs so that they can perform well under the scheme and extend all possible support to poor and vulnerable population eligible under the scheme. EHCPs must refer the related chapters to get information about hospital empanelment, quality accreditation of EHCPs, beneficiary registration, treatment, claim processing, information education and communication (IEC), grievance redressal and fraud control. The operational manual on AB PM-JAY aims to develop the capacity of existing HR at all level to create the better understanding and improving the functionality of the hospitals under AB PM- JAY. Weblink of relevant AB PM-JAY guidelines and documents have been duly mentioned in the Manual for ready reference by EHCPs.

The manual will act as a ready reckoner to guide and facilitate empanelled hospitals so that they could streamline their process and adopt the existing guidelines of AB PM-JAY as amended by NHA/SHA from time to time as available on PM-JAY website. Hospitals must review their physical and financial performance periodically to develop evidence-based strategies for better participation. For any kind of support hospitals shall approach the District Implementation units of their catchment area, SHA and /or NHA using helpline number 14555. In addition, the scheme also provides a platform for beneficiary, hospitals as well as other stake holders to raise their grievance by using weblink <https://cgrms.pmjay.gov.in>, enabling NHA/SHA for timely resolution of grievance.

Annexure-1

Do's and Don'ts for Empanelled Healthcare Providers

Things that empanelled healthcare providers should be doing (*The Do's*)

- ✓ Register and admit the beneficiaries immediately once identified in BIS and provide treatment to all the eligible beneficiaries
- ✓ Record correct details of beneficiaries while registering them for treatment at the hospital
- ✓ Provide space for Kiosk in the reception for Arogya Mitra (PMAM) along with computer system, internet connectivity, printer, scanner, digital camera and fingerprint reader, etc.
- ✓ Place/ Display IEC material within hospital premises as per the guidelines
- ✓ Evaluate the beneficiaries by conducting free and all required diagnostic tests
- ✓ Explain and counsel the patients who are not covered under the scheme in regard to further management
- ✓ Provide a dedicated Medical Co-ordinator (MEDCO) to co-ordinate and perform an effective role. Use MEDCO e-mail ONLY, for all official communication with SHA and NHA
- ✓ Provide hygienic and adequate diet to patients according to their dietary requirement
- ✓ Order free follow-up services for beneficiaries according to provisions made in the package
- ✓ Provide post-hospitalization medicines, as per the requirement, to the beneficiaries during discharge
- ✓ Attend all periodic trainings/ workshops / programmes organized by SHA/NHA
- ✓ Submit the claim within stipulated time of discharge in TMS
- ✓ Send appropriate pre-authorization and re-submit objected pre-authorizations after thorough scrutiny with the required documents / reports to avoid delay in clearance of preauthorization
- ✓ Respect patient's decision to seek a second opinion and provide all necessary records and information to the patient's attendants without any extra cost or delay
- ✓ Validate and update hospital information in HEM, on regular basis
- ✓ Utilize the hospital operational manual provided by the NHA to the best possible extent for proper understanding of the scheme

Things that empanelled healthcare providers should **NOT** be doing (*The Don'ts*)

- ✗ (Do not) Take possession of any original document from the beneficiaries at any point of time
- ✗ (Do not) Charge from the beneficiaries in any form as the benefit package includes the entire cost of treatment from date of reporting to the time of discharge and 15 days of discharge
- ✗ (Do not) Send beneficiaries home during the waiting period of preauthorization approval
- ✗ (Do not) Send for preauthorization approval in duplicate
- ✗ (Do not) Create and update operation notes and discharge summary for those cases in which surgery has not been performed
- ✗ (Do not) Apply for multiple procedures for the same beneficiaries without clinical justification
- ✗ (Do not) Submit pre-authorization approval repeatedly for the same beneficiaries



- × (Do not) Send beneficiaries or beneficiaries' relative to SHA / NHA office for approval and enhancement as preauthorization has to be obtained only from the hospital
- × (Do not) Mention wrong telephone numbers of treating doctors and beneficiaries on the preauthorization as this may cause delay in issue of pre authorization
- × (Do not) Submit clinical photograph, which is incomplete and inconclusive
- × (Do not) Collect any amount towards follow-up consultation & medicines for those cases where follow-up packages are provided, as the services are inherent with the pre-defined package
- × (Do not) Collect money from beneficiaries / family to procure blood / blood products but facilitate to procure in case it is not available within the hospital blood bank except in case of haematological disorders